IPDR6702				NORTH CAROLINA		PAGE	: 1	
RUN DATE	: 10/05/2004			RS CHECKWRITE SUMMARY REPORT CHECKWRITE DATE: 10/05/2004				
			`	FINANCIAL PAYER: NCDMH				
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	11	3419	CLIENT NOT ELIGIBLE ON SERVICE				
	H/DD/SAS			DATE				
		8505	5	CLAIM DENIED DUE TO INSUFFICIE	0	3424	3459	3:
				NT BUDGET				
3404902	BLUE RIDGE COMM	0	0	*** NO DATA TO REPORT ***				
	UNITY							
		U	U	_	0	0	0	1
3404904	WESTERN HIGHLAN DS LME	8517	237	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY				
	DO MID			THROUGH APRIL DOS MUST BE SUBM				
		8599	235	DETAIL NOT COVERED BY COMBINAT		074	2040	000
				ION OF RECIPIENT, PROVIDER AND	52	971	3210	223
				BENEFIT PACKAGE.				
		21	175	DUPLICATE OF CLAIM-SYSTEM				
3404905	TREND COMM MENT	8525	98	CLAIM DENIED, REFERRING PROVID				
	AL HLTH CTR			ER MUST BE AN LMA.				
		191	1	CLIENT ID NUMBER DOES NOT MATC	0	99	99	
				H PATIENT NAME				
3404907	RUTHERFORD-POLK	0	0	*** NO DATA TO REPORT ***				
		0	0					
			-		0	U	0	
3404910		8518	2338	CLAIM DENTED CUDATED DENOVO				
3404910	PATHWAYS	0310	2330	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND				
				JUNE DOS MUST BE SUBMITTED BY				
		8517	730	CLAIMS DENIED, SUBMITTED BEYON	3	3466	4676	121
				D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
		8329	176	CLAIM DENIED ATTENDING PROVIDE				
				R CANNOT BE THE SAME AS THE LMA				
3404912	CATAWBA COUNTYM	11	13	CLIENT NOT ELIGIBLE ON SERVICE DATE				
	ENTAL HEALT			DATE				
		U	U		0	13	13	(
3404913	MECKLENBURG COM ENTAL HEALT	8933	1608	ADTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
	ENIAL HEALT	<u> </u>						
		8599	1389	DETAIL NOT COVERED BY COMBINAT				
			1303	ION OF RECIPIENT, PROVIDER AND	2791	6330	16786	10456
				BENEFIT PACKAGE.				
		11	903	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404916	CROSSROADS BEHA	8517	506	CLAIMS DENIED, SUBMITTED BEYON				
	VIORAL HEAL			D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
								L
		8518	494	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND	1	1237	6860	562
		+	1	JUNE DOS MUST BE SUBMITTED BY				
						-	1	1
		0500	400					
		8599	127	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
		8599	127					

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404917		11	3735	CLIENT NOT ELIGIBLE ON SERVICE				
3404327	CENTERPOINT HUM		3,33	DATE				
	AN SERVICES			MARKA M				
		8931	345	AMTNC INELIGIBLE TO RECEIVE SE	437	4886	9229	434
				RVICES IN IPRS.	437	4000	3223	454
		8599	320	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404918	ROCKINGHAM CO M	11	151	CLIENT NOT ELIGIBLE ON SERVICE DATE				
	ENTAL HEALT			DATE				
		8599	92	DETAIL NOT COVERED BY COMBINAT	4.4	312	1859	154
				ION OF RECIPIENT, PROVIDER AND	44	312	1039	134
				BENEFIT PACKAGE.				
		8935	32	ASTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				l
3404919	GUILFORD CO MEN	8599	373	DETAIL NOT COVERED BY COMBINAT				
	TAL HEALTHC			ION OF RECIPIENT, PROVIDER AND	-			
				BENEFIT PACKAGE.				
		8931	74	AMTNC INELIGIBLE TO RECEIVE SE	147	735	7085	635
				RVICES IN IPRS.				
		8935	49	ASTNC INELIGIBLE TO RECEIVE SE				
		0933	49					
				RVICES IN IPRS.				
3404920		0	n	*** NO DATA TO REPORT ***				
3404320	ALAMANCE CASWEL		0	NO DITTI TO REPORT				
	L AREA MH D							
		0	0		0	0	0	
3404921	ORANGE PERSON C	8329	1900	CLAIM DENIED ATTENDING PROVIDE				
	HATHAM AREA			R CANNOT BE THE SAME AS				
				THE LMA				
		5312	458	PRIOR AUTHORIZED DOLLARS EXCEE	42	3204	8499	529
				DED				
		21	385	DUPLICATE OF CLAIM-SYSTEM				
0.40.400			200					
3404922	THE DURHAM CENT	8329	766	CLAIM DENIED ATTENDING PROVIDE				
	ER	1		R CANNOT BE THE SAME AS			-	
				THE LMA			1	
	+	11	516	CLIENT NOT ELIGIBLE ON SERVICE			1	
	+		210	DATE	0	2176	6339	416
				A715.6.40			-	-
	+		-					
		8599	392	DETAIL NOT COVERED BY COMBINAT			l	-
	+	1	1	ION OF RECIPIENT, PROVIDER AND			1	-
	1			BENEFIT PACKAGE.				
	1			<u> </u>				
3404923	VGFW AREA AUTHO	8599	207	DETAIL NOT COVERED BY COMBINAT				
	RITY			ION OF RECIPIENT, PROVIDER AND			1	
	1 **			BENEFIT PACKAGE.			1	
	1						1	
		11	107	CLIENT NOT ELIGIBLE ON SERVICE	0	356	2810	245
	1			DATE		330	2320	
	1						1	
		191	15	CLIENT ID NUMBER DOES NOT MATC				
	1			H PATIENT NAME			1	
						İ		
			•				*	

	1		1					
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404925	SANDHILLS CENTE	21	2330	DUPLICATE OF CLAIM-SYSTEM				
	R FOR MH/DD							
		8599	382	DETAIL NOT COVERED BY COMBINAT	194	3879	6478	259
				ION OF RECIPIENT, PROVIDER AND	251	3013	0470	233
				BENEFIT PACKAGE.				
		8517	271	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
3404926	SOUTHEASTERN RE	8599	713	DETAIL NOT COVERED BY COMBINAT				
	G MENTAL HL			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		0021	E C 4	NAMES AND LOTHER TO BE STORY OF				
		8931	564	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	939	3754	12641	888
		120	425	CLIENT ID NUMBER MISSING OR IN				
				VALID. ENTER CID AND SUBMIT				
				AS A NEW CLAIM				
3404927	COMPRESS AND TO 11	8599	272	DETAIL NOT COVERED BY COMBINAT				
	CUMBERLAND CO M			ION OF RECIPIENT, PROVIDER AND				-
				BENEFIT PACKAGE.				<u> </u>
		8505	242	CLAIM DENIED DUE TO INSUFFICIE	3	1022	3885	286
				NT BUDGET				
		8517	216	CLAIMS DENIED, SUBMITTED BEYON	1			-
		0317	210	D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
3404929	LEE HARNETT MH/	21	688	DUPLICATE OF CLAIM-SYSTEM				
	DD/SAS							
		11	135	CLIENT NOT ELIGIBLE ON SERVICE				
		11	133	DATE	0	940	1787	84
		8599	55	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404930		8931	183	AMTNC INELIGIBLE TO RECEIVE SE				
3404330	JOHNSTON COUNTY	0331	200	RVICES IN IPRS.				
	MNTL HLTHC							
		8599	85	DETAIL NOT COVERED BY COMBINAT	219	456	5531	507
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		10	78	DIAGNOSIS OR SERVICE INVALID F				
		10	, ,	OR CLIENT AGE. VERIFY CID,				
				DIAGNOSIS, PROCEDURE CODE FOR				
3404931	WAKE CO HUM SVC	11	185	CLIENT NOT ELIGIBLE ON SERVICE				
	BILLING OF			DATE				
								<u> </u>
	1	143	4	CLIENT ID NUMBER NOT ON STATE	-			
		1	1	ELIGIBILITY FILE	2	193	205	1;
	-1	+	1		1			
		23	2	SERVICE REQUIRES PRIOR APPROVA				
		23	2	SERVICE REQUIRES PRIOR APPROVA				
		23	2	SERVICE REQUIRES PRIOR APPROVA				
3404932		23	2	L				
3404932	RANDOLPH/SANDHI	23	2	SERVICE REQUIRES PRIOR APPROVA L *** NO DATA TO REPORT ***				
3404932	RANDOLPH/SANDHI LLS CO MH C	23	2	L				
3404932		23	0	L				
3404932		0	0	L	0	0	0	
3404932		0	0	L	0	0	0	
	LLS CO MH C	0	0	L *** NO DATA TO REPORT ***	0	0	0	
3404932	LLS CO MH C	0 0 0 8599	0 0 208	L *** NO DATA TO REPORT *** DETAIL NOT COVERED BY COMBINAT	0	0	0	
	LLS CO MH C	0	0 0 208	L *** NO DATA TO REFORT *** DETAIL NOT COVERED BY COMBINAT LON OF RECIPIENT, PROVIDER AND	0	0	0	
	LLS CO MH C	0	0 0 208	L *** NO DATA TO REPORT *** DETAIL NOT COVERED BY COMBINAT	0	0	0	
	LLS CO MH C	0	0 0 208	L *** NO DATA TO REPORT *** DETAIL NOT COVERED BY COMBINAT TOM OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. NO RATE AVAILABLE ON FILE TO F	0			
	LLS CO MH C	0 0 8599		*** NO DATA TO REPORT *** *** NO DATA TO REPORT *** DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	0	0	
	LLS CO MH C	0 0 8599		L *** NO DATA TO REPORT *** DETAIL NOT COVERED BY COMBINAT TOM OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. NO RATE AVAILABLE ON FILE TO F	0			
	LLS CO MH C	0 0 8599	39	L *** NO DATA TO REPORT *** DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. NO RATE AVAILABLE ON FILE TO F RICE THIS CLAIM DETAIL	0			
	LLS CO MH C	0 0 8599		*** NO DATA TO REPORT *** DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL AMTNC INELIGIBLE TO RECEIVE SE	0			
	LLS CO MH C	0 0 8599	39	L *** NO DATA TO REPORT *** DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. NO RATE AVAILABLE ON FILE TO F RICE THIS CLAIM DETAIL	0			

	т	T	1	T				
PROVIDER	-	HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
	PROVIDER NAME	-	-		DENTALS	DENTALS	FINALIZED	PAID
3404934	ONSLOW COUNTY B	8599	163	DETAIL NOT COVERED BY COMBINAT				
3404334	EHAVIORAL H			ION OF RECIPIENT, PROVIDER AND				
	amiviolata ii	1		BENEFIT PACKAGE.				
		1						
	1	11	36	CLIENT NOT ELIGIBLE ON SERVICE	1	293	1472	1179
	1			DATE				
		8326	27	ATTENDING PROVIDER NUMBER IS R				
				EQUIRED WHEN BILLED WITH GROUP				
				NUMBER. ADD ATTENDING NUMBER A				
3404935	WAYNE CO MENTAL	0	0	*** NO DATA TO REPORT ***				
	HEALTH CTR							
			0					
		0	U		0	0	0	0
	-							
3404936	-	8518	22	CLAIM DENIED, SUBMITTED BEYOND				
3404330	WILSON-GREENE M	0310	7.7	FILING TIMELIMIT. MAY AND				
	ENTAL HEALT	+		JUNE DOS MUST BE SUBMITTED BY				-
	+	+		POOT DE COMMITTED BI				-
	+	8621	29	60 RESIDENTIAL LEVEL III TREAT		4	0511	0555
	+	1		MENT RECEIVED, PA IS REQUIRED	36	179	3714	3535
	+	+		FOR ADDITIONAL SERVICE.				
	+	+						1
	+	8931	21	AMTNC INELIGIBLE TO RECEIVE SE				1
	+	+ **		RVICES IN IPRS.				1
	+	+						
	+	+						
3404937	nnoncourne v	8517	157	CLAIMS DENIED, SUBMITTED BEYON				-
3404337	EDGECOMBE NASH	0017	137	D FILING TIMELIMIT. JULY				
	MNTL HLTH C			THROUGH APRIL DOS MUST BE SUBM				
	+			Intoon intil boo noor be com				
	+	21	97	DUPLICATE OF CLAIM-SYSTEM	-	407	3879	3472
	+			DOLLIGHT OF CHILD OF CHILD	5	407	38/9	34 / 2
	+							
	+	-						
	+	8599	43	DETAIL NOT COVERED BY COMBINAT				
	+			ION OF RECIPIENT, PROVIDER AND				
	+			BENEFIT PACKAGE.				
	+			DANSEL LA LACTURAL.				
3404938	t	8599	70	DETAIL NOT COVERED BY COMBINAT				
3404330	VGFW DBA RIVERS		7.0	ION OF RECIPIENT, PROVIDER AND				
	TONE COUNSE			BENEFIT PACKAGE.				
	+	-						
	+	24	40	PROCEDURE CODE, PROCEDURE/MODI	22	159	2751	2592
	+	+		FIER COMBINATION OR PROCEDURE	22	139	2/31	2592
	+	-		CODE/TYPE OF SERVICE COMBINATI				
	+	-						
	+	21	20	DUPLICATE OF CLAIM-SYSTEM				
	+	-						
	+							
		-						
3404939	MPHOP MPMTAT UP	10	136	DIAGNOSIS OR SERVICE INVALID F				
3404939	NEUSE MENTAL HE	10	136	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID,				
3404939	NEUSE MENTAL HE ALTH CENTER	10	136	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR				
3404939		10	136	OR CLIENT AGE. VERIFY CID,				
3404939		10	136	OR CLIENT AGE. VERIFY CID,		240	214.0	1722
3404939				OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR	0	340	2113	1773
3404939				OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR CLAIM DENIED ATTENDING PROVIDE	0	340	2113	1773
3404939				OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS	0	340	2113	1773
3404939				OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS	0	340	2113	1773
3404939		8329	91	OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA	0	340	2113	1773
3404939		8329	91	OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA CLIENT NOT ELIGIBLE ON SERVICE	0	340	2113	1773
3404939		8329	91	OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA CLIENT NOT ELIGIBLE ON SERVICE	0	340	2113	1773
	ALTH CENTER	8329	91	OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA CLIENT NOT ELIGIBLE ON SERVICE	0	340	2113	1773
3404941	ALTH CENTER	8329	91	OR CLEET AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA CLIENT NOT ELIGIBLE ON SERVICE DATE	0	340	2113	1773
3404941	ALTH CENTER	8329	91	OR CLEAT AGE, VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIM DENIED ATTENDING PROVIDE	0	340	2113	1773
3404941	ALTH CENTER	8329	91	OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS	0	340	2113	1773
3404941	ALTH CENTER	8329	91	OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS	0			
3404941	ALTH CENTER	8329 111 8329	91 76 1078	OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA	0			
3404941	ALTH CENTER	8329 111 8329	91 76 1078	OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA	0			
3404941	ALTH CENTER	8329 111 8329	91 76 1078	OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA	64			
3404941	ALTH CENTER	8329 111 8329	91 76 1078	OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA DUPLICATE OF CLAIM-SYSTEM FROCEDURE IS NOT COVERED FOR T	64			
3404941	ALTH CENTER	8329 11 8329 21	91 76 1078	OR CLEAT AGE. VERTY CID, DIAGNOSIS, PROCEDURE CODE FOR CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA DUPLICATE OF CLAIM-SYSTEM	64			
3404941	ALTH CENTER	8329 11 8329 21	91 76 1078	OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA DUPLICATE OF CLAIM-SYSTEM FROCEDURE IS NOT COVERED FOR T	64			
3404941	ALTH CENTER	8329 11 8329 21	91 76 1078	OR CLEWT AGE. VERTY CID, DIAGNOSIS, PROCEDURE CODE FOR CLAIM DENIED ATTENDING PROVIDE R CANNOT SE THE SAME AS THE LMA CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIM DENIED ATTENDING PROVIDE R CANNOT SE THE SAME AS THE LMA DUPLICATE OF CLAIM-SYSTEM PROCEDURE IS NOT COVERED FOR T RIS DATE OF SERVICE	64			
3404941	ALTH CENTER	8329 11 8329 21	91 76 1078	OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA DUPLICATE OF CLAIM-SYSTEM FROCEDURE IS NOT COVERED FOR T	64			
3404941	ALTH CENTER PITT CO MM/DD/S AS CENTER ROANOKE CHOWANH	8329 11 8329 21 21	91 76 1078	OR CLEWT AGE. VERTY CID, DIAGNOSIS, PROCEDURE CODE FOR CLAIM DENIED ATTENDING PROVIDE R CANNOT SE THE SAME AS THE LMA CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIM DENIED ATTENDING PROVIDE R CANNOT SE THE SAME AS THE LMA DUPLICATE OF CLAIM-SYSTEM PROCEDURE IS NOT COVERED FOR T RIS DATE OF SERVICE	64			
3404941	ALTH CENTER PITT CO MM/DD/S AS CENTER	8329 11 8329 21 21	91 76 1078	OR CLEET AGE. VERTY CID, DIAGNOSIS, PROCEDURE CODE FOR CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA DUPLICATE OF CLAIM-SYSTEM FROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE ASTNC INELIGIBLE TO RECEIVE SE	64			
3404941	ALTH CENTER PITT CO MM/DD/S AS CENTER ROANOKE CHOWANH	8329 11 8329 21 21	91 76 1078	OR CLEET AGE. VERTY CID, DIAGNOSIS, PROCEDURE CODE FOR CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA DUPLICATE OF CLAIM-SYSTEM FROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE ASTNC INELIGIBLE TO RECEIVE SE	64			
3404941	ALTH CENTER PITT CO MM/DD/S AS CENTER ROANOKE CHOWANH	8329 11 8329 21 21	91 76 1078	OR CLEET AGE. VERTY CID, DIAGNOSIS, PROCEDURE CODE FOR CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA DUPLICATE OF CLAIM-SYSTEM FROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE ASTNC INELIGIBLE TO RECEIVE SE		2117	3088	971
3404941	ALTH CENTER PITT CO MM/DD/S AS CENTER ROANOKE CHOWANH	8329 11 8329 21 21 8935	91 76 1078	OR CLEET AGE. VERTY CID, DIAGNOSIS, PROCEDURE CODE FOR CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA DUPLICATE OF CLAIM-SYSTEM PROCEDURE IS NOT COVERED FOR T RIS DATE OF SERVICE ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	64		3088	971
3404941	ALTH CENTER PITT CO MM/DD/S AS CENTER ROANOKE CHOWANH	8329 11 8329 21 21 8935	91 76 1078	OR CLEAT AGE. VERTY CID, DIAGNOSIS, PROCEDURE CODE FOR CLAIM DENIED ATTENDING PROVIDE R CANNOT SE THE SAME AS THE LMA CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIM DENIED ATTENDING PROVIDE R CANNOT SE THE SAME AS THE LMA DUPLICATE OF CLAIM-SYSTEM PROCEDURE IS NOT COVERED FOR T RIS DATE OF SERVICE ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. DETAIL NOT COVERED BY COMBINAT		2117	3088	971
3404941	ALTH CENTER PITT CO MM/DD/S AS CENTER ROANOKE CHOWANH	8329 11 8329 21 21 8935	91 76 1078	OR CLEET AGE. VERTY CID, DIAGNOSIS, PROCEDURE CODE FOR CLAIM DENIED ATTENDING PROVIDE R CARNOT BE THE SAME AS THE LMA CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA DUPLICATE OF CLAIM-SYSTEM PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND		2117	3088	971
3404941	ALTH CENTER PITT CO MM/DD/S AS CENTER ROANOKE CHOWANH	8329 11 8329 21 21 8935	91 76 1078	OR CLEET AGE. VERTY CID, DIAGNOSIS, PROCEDURE CODE FOR CLAIM DENIED ATTENDING PROVIDE R CARNOT BE THE SAME AS THE LMA CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA DUPLICATE OF CLAIM-SYSTEM PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND		2117	3088	971
3404941	ALTH CENTER PITT CO MM/DD/S AS CENTER ROANOKE CHOWANH	8329 11 8329 21 21 537 8935	91 76 1078	OR CLEET AGE. VERTY CID, DIAGNOSIS, PROCEDURE CODE FOR CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA DUPLICATE OF CLAIM-SYSTEM PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE ASTNC INVELIGIBLE TO RECEIVE SE RVICES IN IPPS. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.		2117	3088	971
3404941	ALTH CENTER PITT CO MM/DD/S AS CENTER ROANOKE CHOWANH	8329 11 8329 21 21 537 8935	91 76 1078	OR CLEET AGE. VERTY CID, DIAGNOSIS, PROCEDURE CODE FOR CLAIM DENIED ATTENDING PROVIDE R CARNOT BE THE SAME AS THE LMA CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIM DENIED ATTENDING PROVIDE R CARNOT BE THE SAME AS THE LMA DUPLICATE OF CLAIM-SYSTEM FROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. DETAIL NOT COVERED BY COMBINAT ION OF RECIFIENT, PROVIDER AND BENEFIT FACKAGE. AMTNC INELIGIBLE TO RECEIVE SE		2117	3088	971
3404941	ALTH CENTER PITT CO MM/DD/S AS CENTER ROANOKE CHOWANH	8329 11 8329 21 21 537 8935	91 76 1078	OR CLEET AGE. VERTY CID, DIAGNOSIS, PROCEDURE CODE FOR CLAIM DENIED ATTENDING PROVIDE R CARNOT BE THE SAME AS THE LMA CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIM DENIED ATTENDING PROVIDE R CARNOT BE THE SAME AS THE LMA DUPLICATE OF CLAIM-SYSTEM FROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. DETAIL NOT COVERED BY COMBINAT ION OF RECIFIENT, PROVIDER AND BENEFIT FACKAGE. AMTNC INELIGIBLE TO RECEIVE SE		2117	3088	971

	1	1	1				TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	DROUTERR WINE	EOBS	DENIALS	DESCRIPTION			FINALIZED	PAID
	PROVIDER NAME				DENIALS	DENIALS	FINALIZED	PAID
3404943	ALBEMARLE MENTA	11	14	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
	L HEALTH CE							
		8518	2	CLAIM DENIED, SUBMITTED BEYOND		16	24	
			=	FILING TIMELIMIT. MAY AND	U	16	24	
				JUNE DOS MUST BE SUBMITTED BY				
3404944		8599	186	DETAIL NOT COVERED BY COMBINAT				
3404344	EASTPOINTE HUMA	0333	100	ION OF RECIPIENT, PROVIDER AND				
	N SERVICES			BENEFIT PACKAGE.				
				BENEFII FACRAGE.				
		0.4	97	DUPLICATE OF CLAIM-SYSTEM				
		21	97	DUPLICATE OF CLAIM-SYSTEM	120	548	5266	471
		8931	69	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404946	FOOTHILLS AREAM	0	0	*** NO DATA TO REPORT ***				
	ENTAL HEALT							
		0	0		0	0	0	(
3404957	TIDELAND MENTAL	537	309	PROCEDURE IS NOT COVERED FOR T				
	HEALTH CTR			HIS DATE OF SERVICE				
	manuari can							
		8931	93	AMTNC INELIGIBLE TO RECEIVE SE	182	745	2258	1513
				RVICES IN IPRS.	102	/45	2230	151.
		8518	58	CLAIM DENIED, SUBMITTED BEYOND				
		0310	50	FILING TIMELIMIT. MAY AND				
				JUNE DOS MUST BE SUBMITTED BY				
				JUNE DOS MUST BE SUBMITTED BI				
2404050		0	0	ALL NO DAMA NO DEDODE ALL				
3404959	DAVIDSON CO MEN	0	0	*** NO DATA TO REPORT ***				
	TAL HLTH CT							
		U	0		0	0	0	
3404979	NEW RIVER AREAM	7007	450	EXCEEDS MAXIMUM UNITS ALLOWED				
	H/DD/SA PRO		1	PER MONTH(S)				
		11	188	CLIENT NOT ELIGIBLE ON SERVICE	0	753	4779	402
				DATE	-			
		10	65	DIAGNOSIS OR SERVICE INVALID F				
				OR CLIENT AGE. VERIFY CID,				l
	+	1	1	DIAGNOSIS, PROCEDURE CODE FOR			 	
	1	1			1		1	